



LIMITED DURATION LICENSE APPLICATION (LDL)

Supplemental Plan Information

Event Name: _____

Security Plan

Security Organization: _____

Security Contact: _____

Phone Number: _____

Alternate Phone: _____

Email: _____

of Personnel: ILEA-certified Guards: _____ Non-ILEA Guards: _____ Police Officers: _____

Emergency Weather Evacuation Plan

Emergency Contact: _____

Phone Number: _____

Alternate Phone: _____

Email: _____

Plan Details: _____

Waste Disposal and Cleanup Plan

Cleanup Contact: _____

Phone Number: _____

Portable Toilets: Total Toilets: _____ Accessible Toilets: _____ Hand Washing Stations: _____

Toilet Vendor: _____

Plan Details: _____

Medical Plan

Plan Details: _____
